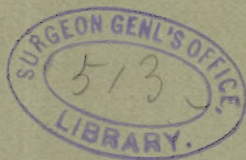


Knight (C. H.)

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Epiglottis.

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A CASE OF CYST OF THE EPIGLOTTIS.

CHAS. H. KNIGHT, M. D.

CYSTIC tumors of the larynx are among the rarest of the benign growths met with in this region. They are generally retention cysts, resulting from gradual distension of a mucous follicle whose excretory duct has become sealed. A curious exception to this rule is met with in a case described by Blanc (*Rev. mens. de laryngol., etc.*, t. iii, 1883, p. 324) of congenital branchial cyst with a very extraordinary history. At the twelfth Congress of Italian Physicians and Surgeons in 1887, Masini referred to a specimen of cystic tumor of the vocal cord in the Pathological Museum at Genoa, from a study of which he had concluded that the cyst in this case was a result of "imperfect glandular formation." (*The Jour. of Laryngol., etc.*, 1887, p. 47.)

Since the demonstration of glandular elements in the soft tissues covering the epiglottis and the vocal bands the development of cysts in these situations is readily explained.

According to Mackenzie, their usual site is the ventricle of the larynx or the epiglottis. The first case on record, that reported by Durham, in 1863, occupied the latter situation, while the first intra-laryngeal cyst observed, that reported by Virchow in the same year, was found in the ventricle of Morgagni. In one case reported by Lennox Browne, the cyst was attached to the left vocal band near the anterior commissure. Of sixteen cases observed by Garel (*Rev. mens. de laryngol., etc.*, June, 1887, p. 342), fourteen of which had their diagnosis confirmed by operation, the anterior third of the cord was the chosen site in a large proportion. In Major's case also the cyst was attached to the free margin of the right vocal cord anteriorly. (*Proc. Montreal Med.-Chir. Soc.*, 1887.)

Audubert, in reporting his case of cyst of the left ventricular band (*Rev. mens. de laryngol., etc.*, April, 1888, p. 189),

mentions that he has discovered a record of only three cases of cyst in that situation. Moure, in his *Study of Cysts of the Larynx*, 1887, found that in a very large percentage of cases these growths were attached to the vocal cord. A similar result was reached by Cervesato, and the testimony furnished by Schwartz in his classical thesis on *Tumors of the Larynx*, 1886, is overwhelming that the structure of the vocal band is favorable to cystic development. Thus of 138 cases of cyst of the larynx collected by this author 67 were extra-laryngeal, 61 being of the epiglottis, while of the intra-laryngeal 48 were of the vocal band and only 9 of the ventricle. Cysts in the arytenoid region, of which the case reported by Furundarena-Labat in the *Rev. de laryngol.*, etc., April 15, 1889, is an interesting example, are still more infrequent, Schwartz's list containing but four thus implanted.

The case reported by Abercrombie (*Trans. Lond. Path. Soc.*, xxxii, 33) of cyst rather larger than a hemp-seed springing from the crico-thyroid membrane and found post-mortem in a child fourteen days old, is perhaps unique.

The contents of these cysts vary greatly in character and quantity. They are usually fluid and serous, but may be gelatinous, or colloid, or bloody, as in cases reported by Thost (*Jour. of Laryngol.*, 1891, 209) and others. The tumor may reach such dimensions as to necessitate tracheotomy. In a case of cyst of the left ary-epiglottic ligament in a child of ten years pharyngotomy was done by Krakauer (*Berl. klin. Wehnschr.*, 1883, 701). Casselberry operated upon a cystoma of the left arytenoid which contained eight centimetres of fluid. (*Jour. of Laryngol.*, 1890, 534.)

It does not appear that the development of these neoplasms is restricted to any special period of life. The age of my own case is given as 40 years, but the patient was undoubtedly much older. Browne, in *Burnett's System of Diseases of the Ear, Nose and Throat*, Vol. II, page 759, refers to a case, recorded by Edis in the *Trans. of the Obstet. Soc.*, Vol. XVIII, in which a cyst the size of a hazel-nut caused the death of an infant thirty-seven hours after birth. A

majority of cases of laryngeal cyst have been of the male sex. A fair proportion have been vocalists, but there hardly seems to be sufficient ground for expressing the opinion that these neoplasms are especially encouraged by excessive use of the voice.

The diagnosis of these cysts, at least when occurring in the upper part of the larynx, must be free from difficulty. They are more likely to resemble a myxoma than any other form of laryngeal neoplasm. Translucency, which Lefferts insists upon as a diagnostic point, (*Medical Record*, March 12, 1881, 289), from which Elsberg dissents (*Arch of Laryngol.*, 1882, 186), must of course depend upon the character of the contents. A thin walled recent cyst would naturally present this feature, and the modern transillumination test may well come to our assistance in this particular. The elasticity of the tumor when within reach of the finger or when touched by the probe may be easily appreciated.

The treatment by simple incision has in most cases been sufficient. In some excision of a portion of the cyst wall has been necessary. This may be done with the laryngeal forceps, but when the neoplasm is accessible its removal entire with the wire snare is to be preferred. In these days of cocaine and improved methods of endo-laryngeal, manipulation the old-fashioned advice to permit the cyst to undergo spontaneous rupture is hardly acceptable. Nor is such advice altogether devoid of danger, since a pedunculated cyst might assume such a position or reach such dimensions as to offer serious obstruction to respiration, as in the case reported by Hunter Mackenzie in the *Brit. Med. Jour.*, December 3rd, 1892. Vascularity is seldom so marked as to suggest the need of using the electric loop rather than the cold wire.

The following case came to the throat clinic with a diagnosis of "cancer of the larynx." The patient was a colored man, about 40 years old, who gave an indefinite history of a feeling like that of a foreign body in the throat which induced a frequent desire to swallow. This sensation had

been noticed only within the previous three weeks. There had been slight cough without expectoration for a few days. There was no dyspnoea, no dysphagia, and no pain. The general condition was excellent. No alteration in voice. On first introduction of the mirror no view whatever of the larynx could be obtained, the epiglottis apparently falling backward and completely concealing the rima glottidis. But when retching was excited there popped into view a smooth round tumor the size of a hickory nut. It was pale in color, and its surface was traversed by numerous large blood vessels. On palpation this tumor was found to be soft, elastic and insensitive. It was freely movable and was attached to the left side of the epiglottis. It was impossible to see the interior of the larynx without hooking up the epiglottis. Nothing abnormal could be discovered within the glottis.

The tumor was readily removed by means of the cold wire snare, without hemorrhage and without pain, the fauces having previously been sprayed with a ten per cent. solution of cocaine. There was no reaction from the operation and two months later there had been no recurrence. It was curious to notice that the epiglottis still maintained its pendulous position, from which fact, as well as from the size of the tumor, it must be inferred that the neoplasm had been in existence much longer than the clinical history would indicate. The contents of the cyst, which collapsed during removal, appeared to be thin and serous. The wound left by the operation involved almost the entire left margin of the epiglottis and healed within two weeks, leaving no trace. The diagnosis was confirmed by the microscope.

